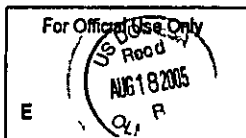


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 88-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9633</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>RAYMOND M VETRANO</u> P O Box Bldg Room No if any Street <u>5 TUTTLE DRIVE</u> City <u>OSWING</u> State <u>NEW YORK</u> ZIP Code +4 <u>10562</u>	4 Name file number and address of labor organization Name <u>LOCAL 305 RWDSU-UFCW</u> Labor Organization File Number <u>011-053</u> P O Box Building and Room Number if any Street <u>120 SAWMILL RIVER ROAD</u> City <u>HASTINGS-ON-HUDSON</u> State <u>NEW YORK</u> ZIP Code +4 <u>10706</u>
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code +4	7 a. Nature of Interest, Transaction or Income. 7 b. Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Ryot</u>	On <u>8-12-05</u> Date	<u>914-478-3800</u> Telephone Number

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

14 b Amount of payment.

Name of Person Filing RAYMOND M VETRANO	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>LOCAL 305</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>120 SAW MILL RIVER ROAD</u> City <u>HASTINGS-ON-HUDSON</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10706</u>	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>LOCAL 305 CIO'S PENSION FUND</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>120 SAW MILL RIVER ROAD</u> City <u>HASTINGS-ON-HUDSON</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10706</u>	11 a Nature of such dealing <div style="border: 1px solid black; padding: 10px; text-align: center;"> LUNCH AFTER TRUSTEE'S MEETING 4-29-04 </div> 11 b Approximate dollar value of such dealing <u>\$ 29.00</u> 12.a. Nature of interest held or income received <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 12.b. Amount. _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any). Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div> 14 b Amount of payment. _____
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

12.b. Amount.

13.b Is the Business an Employer ☐ or Consultant ☐ ?

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

12.b. Amount.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing RAYMOND M VETRANO	File Number U-
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<p>8 Name and address of Business (including trade name if any)</p> <p>Name LOCAL 305 HEALTH & INS FUND</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 120 SAW MILL RIVER ROAD</p> <p>City HASTINGS-ON-HUDSON</p> <p>State NEW YORK ZIP Code + 4 10706</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input checked="" type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c. is checked give trust or employer's name</p> <p>Name GORDON GROUP</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 505 WHITE PLAINS ROAD</p> <p>City TARRYTOWN</p> <p>State NEW YORK ZIP Code + 4 10591</p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 5px;"> Lunch 1/15/04 </div> <p>11 b Approximate dollar value of such dealing \$ 17.00</p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; height: 100px; margin: 5px;"></div> <p>12 b Amount.</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; margin: 5px;"></div> <p>14 b Amount of payment.</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing <u>RAYMOND M VETRANO</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>LOCAL 305 HEALTH & INS FUND</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>120 SAW MILL RIVER ROAD</u> City <u>HASTINGS-ON-HUDSON</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10706</u>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input checked="" type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>GORDON GROUP</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>505 WHITE PLAINS ROAD</u> City <u>TARRYTOWN</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10591</u>	11 a Nature of such dealing <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> Lunch 1/20/04 </div> 11 b Approximate dollar value of such dealing <u>\$ 12 00</u> 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 12 b Amount. _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. _____

Name of Person Filing	RAYMOND M VETRANO	File Number U-
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8 Name and address of Business (including trade name if any) Name LOCAL 305 HEALTH & INS FUND Trade Name if any P O Box Bldg Room No if any Street 120 SAW MILL RIVER ROAD City HASTINGS-ON-HUDSON State NEW YORK ZIP Code + 4 10706	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input checked="" type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name GORDON GROUP Trade Name if any P O Box Bldg Room No if any Street 505 WHITE PLAINS ROAD City TARRYTOWN State NEW YORK ZIP Code + 4 10591	11 a Nature of such dealing Lunch 8/10/04 11 b Approximate dollar value of such dealing \$ 14.00 12 a Nature of interest held or income received 12 b. Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment. 14 b Amount of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing <u>RAYMOND M VETRANO</u>	File Number U-
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8 Name and address of Business (including trade name if any) Name <u>LOCAL 305 HEALTH & INS FUND</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>120 SAW MILL RIVER ROAD</u> City <u>HASTINGS-ON-HUDSON</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10706</u>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>GORDON GROUP</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>505 WHITE PLAINS ROAD</u> City <u>TARRYTOWN</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10591</u>	11 a Nature of such dealing <div style="border: 1px solid black; padding: 10px; min-height: 100px;">Lunch 10/4/04</div> 11 b Approximate dollar value of such dealing <u>\$ 1900</u> 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px;"></div> 12 b Amount <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any). Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment. <div style="border: 1px solid black; height: 150px;"></div> 14 b Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	